



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

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**STATE OF HAWAII
STATE ETHICS COMMISSION**

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME(Last)	(First)	(Middle)	TELEPHONE
ANDREWS	CORAL	T.	(808) 521-8961
MAILING ADDRESS (Street)			FAX
932 WARD AVENUE, SUITE 430			(808) 599-2879
(City)	(State)	(Zip Code)	
HONOLULU	HI	96814	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
HEALTHCARE ASSOCIATION OF HAWAII			(808) 521-8961
MAILING ADDRESS (Street)			FAX
932 WARD AVENUE, SUITE 430			(808) 599-2879
(City)	(State)	(Zip Code)	
HONOLULU	HI	96814	

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
HEALTHCARE ASSOCIATION OF HAWAII		(808) 521-8961
MAILING ADDRESS (Street)		FAX
932 WARD AVENUE, SUITE 430		(808) 599-2879
(City)	(State)	(Zip Code)
HONOLULU	HI	96814
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
LESLIE T. HO		(808) 521-8961
MAILING ADDRESS (Street)		FAX
932 WARD AVENUE, SUITE 430		(808) 599-2879
(City)	(State)	(Zip Code)
HONOLULU	HI	96814

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

Agriculture

Education

Human Services

Science, Technology &
Economic DevelopmentCommunications &
Public UtilitiesGovernment Operations &
FinanceIntergovernmental Relations,
International Affairs

Tourism & Recreation

Consumer Protection &
Commerce

Hawaiian Affairs

Labor & Employment

Transportation

Culture, Arts, Historic
Preservation

Health

Planning, Land & Water
Use ManagementOther: (indicate below)

_____Ecology, Energy
Environmental Protection

Housing

Public Safety & Corrections

PART IV CERTIFICATION OF LOBBYIST*I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.**Carol S. Andrews*

(Signature of Lobbyist)

October 3, 2005

(Date)

PART V AUTHORIZATION TO LOBBY

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
THOMAS M. DRISKILL, JR.		Chairman of the Board	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
HEALTHCARE ASSOCIATION OF HAWAII		(808) 521-8961	
MAILING ADDRESS (Street)		FAX	
932 WARD AVENUE, SUITE 430		(808) 599-2879	
(City)	(State)	(Zip Code)	
HONOLULU	HI	96814	

*I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.**Shirley D. ...*

(Signature of Authorizing Officer or Person Represented)

10-3-2005

(Date)